



PTO/SB/01 (09-04)
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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted With Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	3444
First Named Inventor	Kai Desinger
COMPLETE IF KNOWN	
Application Number	10/564,322
Filing Date	01-11-2006
Art Unit	
Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SURGICAL PROBE

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) 01-11-2006 as United States Application Number or PCT International

Application Number 10/564,322 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
PCT/EP2004/07519	PCT	07/08/2004	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DE 103 32 564.6	GERMANY	07/11/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

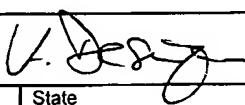
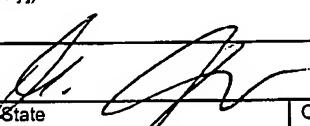
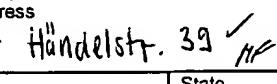
This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input checked="" type="checkbox"/> The address associated with Customer Number:	21834	OR <input type="checkbox"/> Correspondence address below
Name BECK & TYSVER, P.L.L.C.				
Address 2900 Thomas Avenue South, Suite 100				
City Minneapolis		State MN	ZIP 55416	
Country US	Telephone 612-915-9633	Fax 612-915-9637		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Kai			Family Name or Surname Desinger	
Inventor's Signature 		Date 5/24/2006		
Residence: City Berlin	State	Country Germany	Citizenship German	
Mailing Address Rubensstr. 108				
City Berlin	State	Zip D-12157	Country Germany	
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Markus			Family Name or Surname Fay	
Inventor's Signature 		Date 5/24/2006		
Residence: City Berlin	State	Country Germany	Citizenship German	
Mailing Address Modest. 84 Händelstr. 39 				
City Berlin	State	Zip D-14513 D-12249	Country Germany	
<input type="checkbox"/> Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.				



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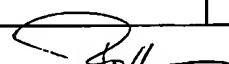
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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet				
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Andre		Roggan				
Inventor's Signature					Date	5/24/2006
Residence: City	Berlin	State		Country	Germany	Citizenship
Post Office Address	Flemmingstr. 14A					
Post Office Address						
City	Berlin	State		ZIP	D-12163	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Inventor's Signature					Date	
Residence: City		State		Country		Citizenship
Post Office Address						
Post Office Address						
City		State		ZIP		Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Inventor's Signature					Date	
Residence: City		State		Country		Citizenship
Post Office Address						
Post Office Address						
City		State		ZIP		Country

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